



Fee \$	Penalty \$						
Check #	Check Date	Deposited					
Date Issued							

ALABAMA BOARD OF EXAMINERS OF LANDSCAPE ARCHITECTS 908 SOUTH HULL STREET MONTGOMERY, ALABAMA 36104 (334) 262-1351

## **Application for Renewal – Landscape Architect Registration**

Individual  Completed application and required fee payable to Alabama Board of Examiners of Landscape Architects must be received or postmarked no later than January 31st in order to insure timely renewal of your license. A late charge of \$50.00 will be added if not received or postmarked by January 31st.								
NAME IN	FULL:							
FIRM NAM	ΛE:							
☐ Firm	$\square$ Corporation	☐ Professional	Association	□ Partnership				
POSITION II	N FIRM:	□ Individual	☐ Partner	☐ Employee	☐ Stockholder	☐ Officer		
BUSINESS ADDRESS:					Telephone:  ☐ Check box	if new address		
HOME ADDRESS:					Telephone:  ☐ Check box	if new address		
	D ADDRESS FOR C				☐ Residence ciated so we can correc	tly capture your address.)		
- · · · · · · · · · · · · · · · · · · ·		\$150.00 \$ 50.00	Registration L in the State of Landscape Ar with the requi	I certify that I have read the Alabama Landscape Architectural Registration Law and I am qualified to practice Landscape Architecture in the State of Alabama. I also certify that I have read the Alabama Landscape Architectural Code of Conduct and will act in accordance with the requirements outlined in the Code of Conduct. The above information is true and accurate to the best of my knowledge.				
		s of Authorization, act our office.						
				Signature				
=	ver been convicted e explain on separa		nan a minor traf	fic offense?	□ Yes □ No			

## **Continuing Education Credit Form**

b. Total PDH earned in 2008

c. Total PDH available for credit in 2008 (15 required)

d. PDH earned October 15, 2008 through December 31, 2008 to be used in fulfillment of 2009 requirements (not to exceed 15)

## **Section A** I hereby certify that: ☐ I qualify for exemption under Rule 500-X-2-.14 (10) based on: Retired ☐ Military Service ☐ Disability/Illness ☐ Age 65 ☐ New Registrant ☐ Foreign Employment ☐ The Summary of Credits below is true and correct and states accurately those Professional Development Hours (PDH) which I have earned during the period from January 1, 2008 through December 31, 2008. (Complete Section B Summary of Credits.) Signature:\_ AL Registration No.\_ Section B - Summary of Credits Sending verification of PDH is NOT required. You are responsible for maintaining those records. Professional Date(s) of Sponsoring Organization Name, City & State **Activity Title/Description** Development Hours **Activities** TOTAL PROFESSIONAL DEVELOPMENT HOURS **PDH Units Description of Activities PDH Units Description of Activities** 5. Teaching or instructing as described in 1. Successfully completing/monitoring 1 Sem. hr.-45 PDH/15 PDH 1 through 4 college or university sponsored 4 times PDH earned in 1 through 4 Rule 500-X-2-.14 (6) (e) 1 Qtr. hr.-30 PDH/10 PDH courses. Rule 500-X-2-.14 (6) (a) 2. Successfully completing courses 6. Authoring publishing papers, articles or 1 PDH times preparation time which are awarded continuing books 10 PDH for each CEU (not to exceed 25 PDH) educational units (CEU) Rule 500-X-2-.14 (6) (f) Rule 500-X-2-.14 (6) (b) 3. Attending seminars, tutorials, short 7. Making presentations at technical courses, correspondence courses, meetings 2 times PDH earned in 1 through 4 1 PDH for each contact hr. televised courses or videotaped Rule 500-X-2-.14 (6) (g) courses Rule 500-X-2-.14 (6) (c) 8. Attending program presentations at 4. Attending in-house programs related technical or professional sponsored by corporations or other 1 PDH for each contact hr. 1 PDH for each contact hr. meetings organizations Rule 500-X-2-.14 (6) (h) Rule 500-X-2-.14 (6) (d) a. PDH earned October 15, 2007 through December 31, 2007 and not used in fulfillment of 2007 requirements